## STATE OF TEXAS PURCHASE ORDER

1. Agency Name & No.	4. Purchase Order No.	12. HUB:	13. Order Type:	
TEXAS STATE LIBRARY & ARCHIVES COMMISSION 306	306-16-8263	N/A	Service	
Tax Exempt agency of the Texas State Government	5. PCC	14. Vendor Identification No: 1746000203		
2. Agency Billing Address	6. Current Document Num	15. Vendor Address:	- to t	
**ACCOUNTING DEPARTMENT**	DT-9			
Texas State Library & Archives Commission PO Box 12516	7. Total Encumbrance	UT Austin School of Social Work Institute for Organizational Excellence		
Austin, TX 78711-2516 Email invoices to: AP@tsl.texas.gov	\$1,659.00	1925 San Jacinto Blvd, D3500 Austin, TX 78712	0	
Phone: (512) 463-5473; Fax: (512) 475-0185	8. REF DOC	Ausuri, 17/0/12		
*VENDOR MUST REFERENCE PURCHASE ORDER		16. Vendor Contact Info:		
NUMBER ON ALL INVOICES OR INVOICE WILL BE RETURNED TO VENDOR. THIS PURCHASE HAS BEEN	9. Service Period or	Noel Landuyt		
DETERMINED TO BE THE "BEST VALUE."	<b>Expected Delivery Date:</b>	Phone: (512) 471-9831	Fax:	
3. Destination of goods or service	9/1/2015 - 8/31/2016	Email: nlanduyt@austin.utexas.edu		
FOB Destination	10. NIGP Code	INTERNAL PO ONLY		
Receiving Dock, Room G-007	961-60			
Texas State Library & Archives Commission			-3-37-14-0-14	
1201 Brazos Street	<b>11. Agency Contact:</b> Pam Rodriguez <b>Phone:</b> (512) 463-3037			
Austin, TX 78701	Email: prodriguez@tsl.texas.gov Fax: (512) 475			

## 17. Description

Survey of Employee Engagement (SEE) for FY 2016. Survey Information and Participation invoice is attached.

Fulfilling the requirements for the assessment of human resources as outlined in the LBB and Governor's Office of Budget, Planning and Policy's Fiscal years 2013 - 2017.

18. SFX	INDEX	AY	COBJ	AOBJ	AMOUNT
001	08111	16	7253	7399	\$92.17
002	09111	16	7253	7399	\$92.16
003	09211	16	7253	7399	\$92.17
004	17111	16	7253	7051	\$276.50
005	24111	16	7253	7052	\$276.50
006	43111	16	7253	7054	\$276.50
007	52111	16	7253	7055	\$276.50
800	66117	16	7253	7699	\$276.50
				Total:	\$1,659.00

- 19. Legal Cites: Interagency Cooperation Act as defined in the Texas Government Code, Title 7, Chapter 771
- 20. Division Tracking Number: ADM 16-081

Per Texas Tax Code 151.309, the Texas State Library and Archives Commission is a tax-exempt agency. If you need further proof of this, please contact the Agency Contact in box #11.

Confirmation of receipt is required, please sign box #23 and return signed PO via email: purchasing@tsl.texas.gov or fax: (512) 475-3393.

22. Approval Signature	Date	23. Vendor Signature	Date
PRodriguez CTP	1/8/2016		



306 - Texas State Library & Archives Commission

UT - Austin School of Social Work Institute for Organizational Excellence 1925 San Jacinto Blvd, D3500 Austin, TX 78712 (512) 471-9831 fax (512)233-2859

Invoice No:492 Date:01/05/2016

## INVOICE

**Finance Contact** 

Ms. Rebecca Cannon 1201 Brazos St. Austin, TX 78701

(512) 463-6626 rcannon@tsl.texas.gov **Liaison Contact** 

Ms. Vanessa Siordia Texas State Library & Archives Commission Texas State Library & Archives Commission 1201 Brazos Austin, TX 78701

> 512-463-5496 vsiordia@tsl.texas.gov

Description	Total
The Center for Social Work Research (CSWR) at the University of Texas at Austin surveyed the attitudes and opinions of employees regarding the organization's work environment. Analysis of the collected data report is returned to the organization.	\$1659.00
TOTAL	\$1659.00

OK to pay, vanera H. Scordia 1-8-16

Payment Details: PO

Payment ID: Pavment #:

Fed ID #74-6000203 TX VID #17460002037-309 (Institute for Organizational Excellence) This payment will be deposited into **LOCAL FUNDS** and requires a warrant be used. Please remit to above address in 30 days. Questions, contact Noel Landuyt at (512) 471-9831 or via email at <a href="mailto:nlanduyt@austin.utexas.edu">nlanduyt@austin.utexas.edu</a>.

Thank You!

## Texas State Library & Archives Commission Purchase Requisition & Blanket/Non-PR Form

	Fisc	cal Year	1	16		S W		$\cap$	
Purchase Requisition (PR)  RECEIVED  Blanket PO #  *CFO Signal  JAN 08 PO #	Blanket/Non-PR	<b>!</b> *		-			$\bigcirc l$	Ny	
CENED								1	
REOB Blanket PO #				Ven	dor Name:	Center for So	ocial Work	Researc	h - UT
*CFO Signa	ature not required for blankets				Address:	1925 San Jacinto Blvd, D3500			00
JAN 08 Lot CFO Signa JAN 08 Lot CFO Signa PING PO # Previous PO #	306-16	-821	is .	City,	State, Zip:	Aı	ustin TX 7	8712	
Phrision Tracking #	ADM 16-08	81	-0.		Phone:	512-471-9831	Fax:	512-23	3-2859
Previous PO #	306-14-82	20	-	Con	tact Name:		Noel Land	luyt	
Encumbrance Number			•		Email:		t@austin.		u
	·····		-		Vendor #: 17460002037-309				
Requested Delivery Date:					DUNS:				
Troquested Benvery Bate.			-			Expiration Date:			
	Commodity			Τ				Agency	Comp
Item Description	Code	Qty	Unit	Uı	nit Price	Total Amount	Index	Object	Object
Survey of Employee	961-60	/				\$ -			7253
Engagement (SEE) for FY 16			1-4	+	00.40		00444	7000	
EXEC IRT	961-60 961-60	1	lot	\$	92.16	\$ 92.16 \$ 92.17		7399 7399	7253 7253
ADM	961-60	1	lot lot	\$	92.17 92.17	\$ 92.17 \$ 92.17	08111 09211	7399	7253
ARIS	961-60	<del>-</del>	lot	\$	276.50	\$ 276.50		7055	7253
LDN	961-60	<u> </u>	lot	\$	276.50	\$ 276.50		7051	7253
LDN	961-60	1	lot	\$	276.50	\$ 276.50		7052	7253
SLRM	961-60	1	lot	\$	276.50	\$ 276.50	66117	7699	7253
TBP	961-60	1	lot	\$	276.50	\$ 276.50	43111	7054	7253
					Subtotal	+ 1,000.00			
				Shippir	ng & Handling		if applicable	•	
					Grand Total	\$ 1,659.00			
Special Instructions:						•			
Division Proprietory Statement (to be fille	d out if service or co	mmodity v	will not be	competi	tively bid)	- 0			Δ.
1 man H Sind.					(Du1100	10/10	2000/	(	18/16
Requestor or Contract Manager Signature (always required)			6. Exec	outive Signatur	e (if required)	<u>Gree</u>		Date	
			I. Y	7 7			1/	1.1	
Vanessa Siordia 512-463-5496				J- \	Dome	<u>リ</u>	- 1	8/16	
Type name & phone number of Requestor or Contract Manager				7. Chief Fiscal Officer (always requried)* Date					
Janu Warren 1-8-2016				P	Kod	ugu2	COP	1/8	10016
2. Purchasing Liaison Signature				Ordere	al by	1/9	dzol	6	* Date
3. Division Director Signature (always required) Date				-	Estimated Delivery	Date			
4. If IT related, send PR to Accessibility Team									
For Accessibility Team:									
ADA Compliant: (circle one)	YES	N	0	]					
5. Director or IRT (if required)		Da	ate	Receive	ed by (signatur	re)		· · · · · · · · · · · · · · · · · · ·	Date

CONFLICT OF INTEREST: Per Section 2155.003 of the Texas Government Code, by signing this PR, I certify that I have no interest in, or in any manner am personally connected with, the contract or bid to be awarded under this Purchase Requisition (PR) for the purchase of furnishing, supplies, materials, services, and/or equipment by TSLAC. I further certify that neither I nor any member of my family (spouse or dependent child), have nor will accept or receive from any person, firm or corporation to whom a contract or bid may be awarded, directly or indirectly, by rebate, gift, or otherwise, any money or other thing of value whatsoever, nor shall I/we receive any promise, obligation, or contract for future reward or compensation from any party. I acknowledge that I may be dismissed if it is discovered that I/we have violated the aforementioned statute.

Rev: 5/2015 Vendor Change Approvals:		Please initial and date accordingly		
		1	5	
Purchasing Signature	Date	2	6	
		3	7	
		4		